



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENRY COUNTY HEALTH

City of Hospital: NEW CASTLE

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Rebecca Radford

Email Address: bradford@hcmhcares.org

Medicare Provider Number: 150030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$65744610	Contractual Allowance	\$148822183
Outpatient Patient Service Revenue	\$158750376	Other Deductions	\$1482709
Total Gross Patient Service Revenue	\$224494986	Total Deductions	\$150304892

3. Total Operating Revenue	
Net Patient Service Revenue	\$74190094
Other Operating Revenue	\$9739130
Total Operating Revenue	\$83929224

4. Operating Expenses			
Salaries and Wages	\$29921026	Employee Benefits	\$11855667
Depreciation and Amortization	\$5441720	Interest Expense	\$372537

Bad Debt	\$4265867	Other Expenses	\$32834436
Total Operating Expenses	\$84691253		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-762029	Total Assets	\$69239917
Net Non-operating Gains over Loss	\$-340971	Total Liabilities	\$24724295
Total Net Gains	\$-1103000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$77713855	\$57720430	\$19993425
Medicaid	\$41639553	\$31645817	\$9993736
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$105141578	\$60938645	\$44202933
Total	\$0	\$150304892	\$-150304892

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$47120	\$47120	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$680129	\$-680129
Hospital Patients	\$0	\$1510543	\$-1510543
Community Education	\$0	\$47312	\$-47312

Number of Medical Professionals Trained	250
Number of Hospital Patients Educated	132544
Number of Citizens Exposed to Health Education Messages	250000

Statement Six: Charity Statement

Hospital Charity Charges	\$1482709
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$501599	
HCI Payments	\$0		
Subtotal	\$0	\$501599	\$-501599
Medicaid Shortfalls	\$720076	\$14086619	
Subtotal	\$720076	\$14588218	\$-13868142
DSH Payments	\$3,392,573		
Subtotal	\$4112649	\$14588218	\$-10475569
Medicare Shortfalls	\$21919598	\$26290519	
Other Government Programs	\$0	\$0	
Total	\$26032247	\$40878737	\$-14846490

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$626089	\$-626089
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$52137	\$-52137
Other Allocations	\$0	\$21640	\$-21640

Comments

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